

FIRE SUPPRESSION SYSTEM REVIEW APPLICATION**1. ☐ NEW PLAN REVIEW ☐ RESUBMITTAL**

ASSOCIATED EXISTING PROJECT: P0 _____

EXISTING PROJECT NAME: _____

2. SELECT ONLY ONE OF THE FOLLOWING:☐ Sprinkler System ☐ Suppression System**3. Project Name:** _____

Street Address: _____

Suite or Space No: _____

City: _____ Within city limits? ☐ Yes ☐ No

State: LA Zip: _____ - _____ Parish: _____

☐ STATE OWNED ☐ STATE LICENSED ☐ STATE LEASED ☐ MUNICIPAL PROJECT☐ PRIVATE PROJECT ☐ FEDERALLY OWNED ☐ FEDERALLY FUNDED

- Complete the following --- if the Building has more than one story?

Number of Stories: _____ Project is on which floor(s)? _____

Is this a high-rise building? ☐ Yes ☐ No*A high rise is defined as a building with 7 stories or more or 49 ft high or taller.*Does this building have an attic? ☐ Yes ☐ No

Estimated Cost of Project: \$ _____

Project Description: _____

4. TYPE OF INSTALLATION

Firm's License Number: _____

Are the plans being submitted by an OSFM licensed qualifier? ☐ Yes ☐ No

Qualifier's License Number: _____

Engineer's / Plumber's License Number: _____

- If Backflow, Please enter the Plumber's License Number

☐ New Installation ☐ Modification to Existing System ☐ Isolated Hazard Protection ☐ Backflow

Number Heads per Floor _____ Number of Calculations _____

5. SPRINKLER SYSTEM: FULL REVIEW

SELECT SPRINKLER SYSTEM TYPE:

☐ NFPA 13 system ☐ Pump
☐ NFPA 13R system ☐ Tank
☐ NFPA 13D system ☐ Other _____
☐ Standpipe

IDENTIFY HAZARD CLASSIFICATION

☐ Light ☐ Extra – Group II
☐ Ordinary – Group I ☐ Special Occupancy
☐ Ordinary – Group II ☐ Storage
☐ Extra – Group I

IDENTIFY COMMODITY CLASSIFICATION

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Class I | <input type="checkbox"/> Group A Plastics |
| <input type="checkbox"/> Class II | <input type="checkbox"/> Group B Plastics |
| <input type="checkbox"/> Class III | <input type="checkbox"/> Combustible Liquids |
| <input type="checkbox"/> Class IV | <input type="checkbox"/> Other _____ |

IDENTIFY PIPING SYSTEM TYPE

- | | | |
|------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> Wet | <input type="checkbox"/> Dry | <input type="checkbox"/> Both |
|------------------------------|------------------------------|-------------------------------|

IDENTIFY WATER SOURCE

- | | |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> Municipal | <input type="checkbox"/> Private |
|------------------------------------|----------------------------------|

6. SPRINKLER SYSTEM: MINOR SCOPE OF WORK (NO MORE THAN 20 HEADS)

DESCRIBE SCOPE OF WORK: _____

DESCRIBE EFFECT ON SYSTEM: _____

SPRINKLER HEAD INFORMATION:

SIN: _____ Temp Rating: _____ Orifice Size: _____

IDENTIFY HAZARD CLASSIFICATION: _____

PUMP INFORMATION

Churn: _____ Rated: _____ Max: _____

FLOW TEST

- | | |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> Municipal | <input type="checkbox"/> Private |
|------------------------------------|----------------------------------|

7. KITCHEN HOOD SUPPRESSION SYSTEM:

Identify the Code used for the design: _____

NUMBER OF DEVICES:

New: _____ Removed: _____

Relocated: _____ Replaced: _____

Is current system UL300 compliant? ☐ Yes ☐ No

DESCRIBE SCOPE OF WORK: _____

EQUIPMENT TO BE PROTECTED: _____

Type of Agent: _____

8. OTHER SUPPRESSION SYSTEM TYPES: (PAINT BOOTH SUPPRESSION, CLEAN AGENT)

Identify the Code used for the design: _____

NUMBER OF DEVICES:

New: _____ Removed: _____

Relocated: _____ Replaced: _____

Number of Calculations: _____

DESCRIBE SCOPE OF WORK: _____

9. WATER SUPPLY DATA:

Static pressure: _____

Test Date: _____

Residual Pressure: _____

Test Time: _____

Flow: _____

Tested by: _____

Will the system have a pump? ☐ Yes ☐ No

Pump Rating: _____

Pump Test Date: _____

10. OCCUPANCY CLASSIFICATION(s)

☐ ASSEMBLY _____ square feet

☐ 50 TO 299 OCCUPANTS

☐ 300 TO 499 OCCUPANTS

☐ 500 TO 999 OCCUPANTS

☐ 1,000 OCCUPANTS OR MORE

☐ Group A-1

☐ Group A-2

☐ Group A-3

☐ Group A-4

☐ Group A-5

☐ INSTITUTIONAL _____ square feet

☐ Group I-1 (Group Care)

Group I-2 (Health Care)

☐ HOSPITAL

☐ LIMITED CARE FACILITY

☐ NURSING HOME

Group I-3 (Detention/Correction)

☐ CONDITION 1

☐ CONDITION 2

☐ CONDITION 3

☐ CONDITION 4

☐ Group I-4 (Day-Care)

Number of Children over 2-1/2 years of age: _____

Number of Children 2-1/2 years of age or less: _____

Number of Adults (if Adult Day Care): _____

☐ BUSINESS _____ square feet

☐ MERCANTILE _____ square feet

☐ Class A (>30,000 sq. ft.)

☐ Class B (Between 3,000 and 30,000 sq. ft.)

☐ Class C (<3,000 sq. ft.)

☐ EDUCATIONAL OR DAY-CARE _____ square feet

☐ School/Classroom

☐ Day Care

Number of Children over 2-1/2 years of age: _____

Number of Children 2-1/2 years of age or less: _____

Number of Adults (if Adult Day Care): _____

☐ RESIDENTIAL _____ square feet

☐ Group R-1 (Hotel/Motel - Primarily Transient)

☐ Group R-2 (Apartments- Primarily Permanent)

☐ Group R-3 (Small Miscellaneous)

☐ Group R-4 (Small Residential Care for <16 Occupants)

- Number of Occupants: _____

☐ FACTORY / INDUSTRIAL _____ square feet

☐ Group F-1 (Moderate Hazard)

☐ Group F-2 (Low Hazard)

☐ High Hazard

- ☐ GROUP H-1 DETONATION HAZARD
- ☐ GROUP H-2 DEFLAGRATION HAZARD
- ☐ GROUP H-3 COMBUSTIBLE HAZARD
- ☐ GROUP H-4 HEALTH HAZARD
- ☐ GROUP H-5 HAZARDOUS PRODUCTION MATERIALS

☐ STORAGE _____ square feet

- ☐ GROUP S-1 (Moderate Hazard) → Identify the materials to be stored: _____
- ☐ GROUP S-2 (Low Hazard) → _____

☐ HIGH HAZARD **STORAGE**

- ☐ GROUP H-1 DETONATION HAZARD
- ☐ GROUP H-2 DEFLAGRATION HAZARD
- ☐ GROUP H-3 COMBUSTIBLE HAZARD
- ☐ GROUP H-4 HEALTH HAZARD
- ☐ GROUP H-5 HAZARDOUS PRODUCTION MATERIALS

☐ UTILITY / MISCELLANEOUS _____ square feet

Provide a Description of Use: _____



TOTAL SQUARE FEET OF THE AREA UNDER REVIEW: _____ SQ FT

11. ADDITIONAL FEATURES

(Select ALL applicable fire protection or occupancy features that are associated with this project)

- | | | |
|---|---|---|
| <input type="checkbox"/> Sprinkler System – 13 | <input type="checkbox"/> Stage or Platform | <input type="checkbox"/> Motor-Vehicle Related |
| <input type="checkbox"/> Sprinkler System – 13 D | <input type="checkbox"/> Aircraft Related | <input type="checkbox"/> Special Amusement |
| <input type="checkbox"/> Sprinkler System – 13 R | <input type="checkbox"/> Owned and Operated By a Religious Entity | <input type="checkbox"/> Hazardous Materials |
| <input type="checkbox"/> Kitchen Hood Fire Suppression System | <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> University / College |
| <input type="checkbox"/> Boiler(s) | <input type="checkbox"/> Special Locking System(s) | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Clean Agent | <input type="checkbox"/> Paint Booth | <input type="checkbox"/> Generator (Required) |
| <input type="checkbox"/> Covered Mall Building | <input type="checkbox"/> Casino/Gaming Area | <input type="checkbox"/> Generator (Non-Required) |
| <input type="checkbox"/> Underground Building | <input type="checkbox"/> Atrium | <input type="checkbox"/> Ambulatory Health Care |

12. CONSTRUCTION TYPE

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> V-B / V(000)
(NON-RATED WOOD) | <input type="checkbox"/> V-A / V(111)
(FIRE-RATED WOOD) | <input type="checkbox"/> IV-HT / IV(2HH)
(HEAVY TIMBER) | <input type="checkbox"/> III-B / III(200)
(COMBINATION WOOD/STEEL/CONC) |
| <input type="checkbox"/> III-A / III(211)
(COMBINATION
WOOD/STEEL/CONC) | <input type="checkbox"/> II-B / II(000)
(NON-RATED STEEL/CONC) | <input type="checkbox"/> II-A / II(111)
(1 HOUR RATED STEEL/CONC) | <input type="checkbox"/> I-B / II(222)
(2 HOUR RATED STEEL/CONC) |
| <input type="checkbox"/> I-A / I(332)
(3 HOUR RATED STEEL/CONC) | <input type="checkbox"/> I-A / I(442)
(4 HOUR RATED STEEL/CONC) | <input type="checkbox"/> Not Provided / Unknown | |

13. APPLICANT(S) (P.O.R. / OWNER / TENANT / CONTRACTOR / ADDITIONAL CONTACT)

☐ **PROFESSIONAL OF RECORD**

P.O.R is a Louisiana Licensed ☐ Engineer Louisiana License Number: _____

☐ Architect Louisiana License Number: _____

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

NAME OF FIRM PHONE FAX EMAIL

STREET ADDRESS

ZIP Code PARISH/COUNTY CITY STATE

☐ **OWNER**

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

NAME OF FIRM PHONE FAX EMAIL

STREET ADDRESS

ZIP Code PARISH/COUNTY CITY STATE

☐ **TENANT**

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

NAME OF FIRM PHONE FAX EMAIL

STREET ADDRESS

ZIP Code PARISH/COUNTY CITY STATE

☐ **CONTRACTOR**

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

NAME OF FIRM PHONE FAX EMAIL

STREET ADDRESS

ZIP Code PARISH/COUNTY CITY STATE

☐ **ADDITIONAL CONTACT**

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

NAME OF FIRM PHONE FAX EMAIL

STREET ADDRESS

ZIP Code PARISH/COUNTY CITY STATE

14. DOCUMENTS PROVIDED FOR REVIEW

☐ Correspondence ☐ Plans ☐ Shop Drawings ☐ Specifications ☐ Photographs

15. REVIEW FEE & PAYMENT (See the FEE SCHEDULE on the following pages to determine the required fee)

- Money orders, cashier's checks, certified checks, and company checks are accepted. Personal checks accepted – must include LA driver's license number on check.
- State Projects are projects contracted through LA Facility Planning and Control. **LSUCC REVIEWS ARE NOT PERFORMED BY THIS OFFICE.** State Projects, both full reviews and exemption requests, are fee exempt except for Project Re-submittals. Fee exemptions are NOT allowed for Project Re-submittals.
- Municipal Projects include all city, parish, and federal projects. Except for Project Re-submittals, Municipal Projects are charged a flat review fee of \$20 for the Base Review Fee. In addition to the Base Review Fees, full LSUCC Review Fees apply for Municipal Projects where requests for LSUCC review service are accepted. Fee exemptions are NOT allowed for Project Re-submittals.

❖ Review Fee Schedule

In accordance with R.S.40:1574.1 and R.S.40:1730.41, the owner of the project who submits the plans and specifications shall pay to the Office of State Fire Marshal, Code Enforcement and Building Safety a plan review or document fee based on the following schedule.

SPRINKLER SYSTEM REVIEW

ITEM	REVIEW FEE
Sprinkler heads per floor = 1 – 50 _____ x \$ 30 = \$ _____	
Sprinkler heads per floor = 51 – 300 _____ x \$ 60 = \$ _____	
Sprinkler heads per floor = 301 – 450 _____ x \$ 120 = \$ _____	
Sprinkler heads per floor = 451 - above _____ x \$ 150 = \$ _____	
Number of calculations _____ x \$ 40 = \$ _____	
Add for fee increase plus postage & handling \$ 25 = \$ _____	
CALCULATED FEE ATTACHED	TOTAL = \$ _____

CHEMICAL FIRE SUPPRESSION SYSTEM REVIEW

ITEM	REVIEW FEE
Number of devices = 1 – 10 _____ x \$ 30 = \$ _____	
Number of devices = 11 – 25 _____ x \$ 60 = \$ _____	
Number of devices = 26 – 50 _____ x \$ 120 = \$ _____	
Number of devices = 51 – 75 _____ x \$ 180 = \$ _____	
Number of devices = 76 – 100 _____ x \$ 200 = \$ _____	
Number of devices = 101 – above _____ x \$ 300 = \$ _____	
Number of calculations _____ x \$ 40 = \$ _____	
Add for fee increase plus postage & handling \$ 25 = \$ _____	
CALCULATED FEE ATTACHED	TOTAL = \$ _____

❖ Sprinkler System - Minor Scope Of Work (MSW)

Alterations/additions to an EXISTING system that do not jeopardize system performance (up to a maximum of 20 heads) qualify as Minor Scope of Work (**MSW**), whereas the review fee is reduced to \$20 under the following conditions;

1. Minor modifications to an EXISTING automatic sprinkler system, involving alterations/additions (up to a maximum of twenty (20) heads) and as referred to in NFPA 101:9.7.1.2, are permitted as minor scopes of work (**MSW**). This scope of work must be limited to modifications which will not jeopardize system performance.
2. A plan review submittal is not required for replacements of identical devices, materials, etc. done as part of maintenance or repairs. (Refer to NFPA 25).
3. A complete fire protection submittal is required if:
 - a. The EXISTING system is extended into a previously unprotected area (may be considered on a case by case basis with supporting documentation), or
 - b. Devices, materials, etc. are replaced by components which are not identical and/or require calculations, or
 - c. Modification involve supplying two (2) or more heads from one (1) existing outlet, or
 - d. Modifications are resultant from a change of occupancy, or involve increase of hazard and/or special protection requirements (water curtain, concealed spaces, canopies, etc.).

4. NFPA 101:9.7.1.2 Protection of Isolated Hazards
 - a. Protection of one (1) isolated hazard (enclosed room), with 130 sq. ft. maximum protection area (s x 1), requiring only one standard orifice sprinkler head, may be performed by a Louisiana licensed plumber or a Louisiana licensed sprinkler contractor.
 - b. Protection of one (1) isolated hazard exceeding a one (1) sprinkler head scope is required to be performed only by a Louisiana licensed sprinkler contractor.
 - c. A building having one (1) or more (no limit) isolated hazards each meeting the scope of 4. A, above, may be performed by a Louisiana licensed plumber or a Louisiana licensed sprinkler contractor.
 - d. Exemption Request process required for all three scopes of work described above. The design and installation shall comply with NFPA 101:9.7.1.2 and applicable provisions of NFPA 13. Proof of adequate domestic water supply is required. If Item 4.b. above, includes two (2) or more heads in the room, a sketch of the layout and piping with a calculation to the source must accompany the exemption request. If Item 4.b. above, does not document adequate water supply, or if the typical orifice (1/2") sprinklers is not used, a standard fire protection submittal is required.
5. Complete all information on the FIRE SUPPRESSION PLAN REVIEW APPLICATION.
 - a. Provide the State Fire Marshal Architect Review number, copy of inspection report, or reason for modification. If there is no architectural State Fire Marshal Architectural review number, indicate inspection report or reason for sprinkler modification in the PROJECT DESCRIPTION of work (Item no 3 and 6 above). Provide copy of inspection report with submittal. Owner to provide reason for the submittal indicated in the description of work, if the reason is not as stated above.
 - b. PROJECT DESCRIPTION of work shall include the number of sprinklers, area covered by this MSW and the cost of the work to be done.
 - c. When the FIRE SUPPRESSION PLAN REVIEW APPLICATION is complete, it may be delivered to the S.F.M. Plan Review Section, with sufficient supplemental information and payment for review. (Money orders, cashier's checks, certified checks, and company checks are accepted. Personal checks accepted – must include LA driver's license number on check.)

❖ **Chemical Fire Suppression System - Minor Scope Of Work (MSW)**

Alterations/additions to an EXISTING system that do not jeopardize system performance (up to a maximum of 10 nozzles) qualify as Minor Scope of Work (MSW), whereas the review fee is reduced to \$20 under the following conditions;

1. Minor modifications to an EXISTING chemical fire suppression system, involving alterations/additions (up to a maximum of 10 nozzles) are permitted as minor scopes of work (MSW). This scope of work must be limited to modifications which will not jeopardize system performance.
2. A plan review submittal is not required for replacements of identical devices, materials, etc. done as part of maintenance or repairs.